**Texas Department of Insurance**
***Division of Workers' Compensation***
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

# *MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION*

## *GENERAL INFORMATION*

**Requestor Name and Address**

SELECT PHYSICAL THERAPY
4716 Gettysburg Road
Mechanicsburg PA 17055

**Respondent Name**
TRAVELERS INDEMNITY CO

**Carrier's Austin Representative Box**
Box Number 05

**MFDR Tracking Number**
M4-13-0406-01

**MFDR Date Received**
OCTOBER 9, 2012

## *REQUESTOR'S POSITION SUMMARY*

**Requestor's Position Summary:** "Select Medical has demonstrated the proper protocol to follow when submitting claims electronically, as well as doing it in a timely manner within the timely guidelines of the state of Texas. Every effort has been made to get these claims on file and processed correctly but they have all been unsuccessful. I request that the claims be processed and paid based on the supporting documentation contained within this medical fee dispute and payment for the outstanding balance to be made immediately."

**Amount in Dispute:** $1,626.51

## *RESPONDENT'S POSITION SUMMARY*

**Respondent's Position Summary:** "This request for medical fee dispute resolution should be dismissed in accordance with rule 133.307(e)(3)(E) as the provider failed to timely filre [sic] the request within one year of the date of service as required by rule 133.307(c)(1)."

**Response Submitted by:** Travelers, 1501 S. Mopac Expressway, Ste. A-320, Austin, TX 78746

## *SUMMARY OF FINDINGS*

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|---|---|---|---|
| July 18, 2011 through September 30, 2011 | Physical Therapy Services | $1,626.51 | $0.00 |

## *FINDINGS AND DECISION*

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - TXH3 – 29 – The time limit for filing has expired. Per Texas Labor Code 480.027, bills must be sent to the carrier on a timely basis, within 95 days from dates of service.

**Issues**

1. Did the requestor submit the request for medical fee dispute resolution timely?
2. Is the requestor entitled to reimbursement?

**Findings**

1. Per 28 Texas Administrative Code §133.307(c)(1) A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute. (B) A request may be filed later than one year after the date(s) of service if: (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability; (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or (iii)the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.
2. Review of the submitted documentation finds that that are no compensability, extent of injury, liability or medical necessity issues in this dispute. Therefore, the requestor has submitted a request for medical fee dispute resolution untimely; therefore, this dispute is not eligible for review and $0.00 will be ordered.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

**Authorized Signature**

| Signature | Medical Fee Dispute Resolution Officer | July 31, 2013<br>Date |
|---|---|---|

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812**.